

## **3 FAH-1 H-3360 EMERGENCY LEAVE TRANSFER PROGRAM**

*(CT:POH-153: 06-22-2012)  
(Office of Origin: HR/ER/WLD)*

### **3 FAH-1 H-3361 EMERGENCY LEAVE TRANSFER RECIPIENT APPLICATIONS**

#### **3 FAH-1 H-3361.1 Application Submission**

*(CT:POH-104: 03-23-2005)  
(State only)  
(Applies to Foreign Service & Civil Service Employees)*

- a. An employee (or his or her personal representative) who has been adversely affected by a disaster or emergency may make written application to become an emergency leave recipient by completing and submitting form OPM-1637, Application to Become a Leave Recipient Under the Emergency Leave Transfer Program (see 3 FAH-1 H-3361.1, Exhibit H-3361.1) to the Office of Casualty Assistance, Bureau of Human Resources (HR/OCA) for a specific number of leave hours (subject to the limits set forth in 3 FAM 3368.1).
- b. An employee's family member who has been adversely affected by a disaster or emergency and who has no reasonable access to other forms of assistance may also make written application to become a leave recipient through HR/OCA.
- c. For purposes of this program, an employee is considered to be adversely affected by a major disaster or emergency if the disaster or emergency has caused severe hardship to the employee or a family member of the employee to such a degree that the employee's absence from work is required.
- d. The employee's application (Form OPM-1637, 3 FAH-1 H-3361.1 Exhibit H-3361.1) must be accompanied by the following information concerning each potential leave recipient:
  - (1) The name, position title, grade or pay level of the potential emergency leave recipient;
  - (2) A statement describing his or her need for leave from the emergency leave transfer program; and
  - (3) Additional information that may be required by the Office of Casualty Assistance (HR/OCA).
- e. HR/OCA must be satisfied (e.g., release form) that the personal representative

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of the affected employee is acting for, and has the permission of, the employee.

- f. An employee must apply to be a leave recipient within 90 days after the major disaster or emergency has been declared by the President. HR/OCA will consider exceptions if there are circumstances beyond the employee's control or in other cases of extreme personal hardship.

### **3 FAH-1 H-3361.2 Application Approval**

*(TL:POH-68; 07-06-2001)*

*(State only)*

*(Applies to Foreign Service & Civil Service Employees)*

HR/OCA will review the application to become a leave recipient under the emergency leave transfer program. HR/OCA will determine if the potential leave recipient is or has been affected by the major disaster or emergency in accordance with the standards set forth in 3 FAH-1 H-3361.1 and will determine the appropriate amount of leave to be received subject to the limitations set forth in 3 FAM 3368.1.

### **3 FAH-1 H-3361.3 Approval Notification**

*(CT:POH-104; 03-23-2005)*

*(State only)*

*(Applies to Foreign Service & Civil Service Employees)*

- a. If the application is approved, HR/OCA will notify the leave recipient (or his or her personal representative) within 10 business days after the date the application was received.
- b. If the application is not approved, HR/OCA will notify the applicant (or the personal representative who made application on behalf of the potential emergency leave recipient) within 10 business days after the date the application was received. HR/OCA must give the reasons to the employee for its disapproval of his or her application to receive transferred leave from the emergency leave program.

### **3 FAH-1 H-3362 EMERGENCY LEAVE DONORS**

*(TL:POH-093; 08-20-2003)*

*(State only)*

*(Applies to Foreign Service & Civil Service Employees)*

An employee who wishes to donate accrued annual leave under this program may voluntarily submit OPM Form 1638, Request to Donate Annual Leave Under the Emergency Leave Transfer Program, 3 FAH 1 H- 3362, Exhibit H-3362, to their bureau Executive officer or post Human Resources and/or Management officer (as applicable).

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**3 FAH-1 H-3363 THROUGH H-3369 UNASSIGNED**

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**3 FAH-1 H-3361.1 EXHIBIT H-3361.1**  
**OPM FORM 1637**

(TL:POH-68; 07-06-200)1

**Application to Become a Leave Recipient  
Under the Emergency Leave Transfer Program**

**Completed Form Must Be Submitted To Employing Agency**

1. Applicant's name (Last, first, middle)		2. Employee or Social Security Number	
3a. Position title	3b. Pay plan	3c. Grade/pay level	
4. Name of organization (Agency, Department, Office, Division, Branch, etc.)		5. Office telephone number	
6. Major disaster or emergency declared by the President			
7. Nature and severity of the emergency as it relates to the applicant			
8. Individual affected by the emergency (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member		9. Date emergency began	10. Date emergency ended (or is expected to end)
11a. Name of individual completing application (If applying on behalf of the applicant)		11b. Relationship to applicant	11c. Telephone number (area code)
12a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant)			12b. Date signed
<b>Privacy Act Statement</b> Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6391. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.			
13. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____		14. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____	

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**3 FAH-1 H-3362 EXHIBIT H-3362**  
**OPM FORM 1638**

(TL:POH-68; 07-06-2001)

**Request to Donate Annual Leave Under the  
Emergency Leave Transfer Program**

I request that my annual leave be transferred to the emergency leave transfer program established by the Office of Personnel Management. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand I may not donate more than 104 hours of annual leave under the emergency leave transfer program, unless otherwise permitted by my agency.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused donated leave remains after the emergency has terminated, I understand that a pro-rated share will be returned to me either during the current leave year or the following leave year. However, to recredit my leave, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code. I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by an employee for the purpose of donating or using leave.

**Completed Form Must Be Submitted to Employing Agency**

1. Applicant's name ( <i>Last, first, middle</i> )		2. Employee or Social Security Number
3a. Position title	3b. Pay plan	3c. Grade/pay level
4. Name of organization ( <i>Agency, Department, Office, Division, Branch, etc.</i> )		5. Office telephone number
6. Amount of annual leave accrued as of end of last pay period		7. Amount of annual leave to be donated
8. Major disaster or emergency declared by the President		
9a. Signature		9b. Date signed

**Privacy Act Statement**

Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6391. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Office of Personnel Management  
5 CFR 630

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Previous editions are usable